



Corvallis Fire Department Notice of Privacy Practices



IMPORTANT:

***THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.***

PLEASE REVIEW IT CAREFULLY.

As an essential part of our commitment to you, Corvallis Fire Department (CFD) maintains the privacy of certain confidential health care information about you, known as Protected Health Information or PHI. We are required by law to protect your health care information and to provide you with this Notice of Privacy Practices. CFD is also required to abide by the terms of the version of this Notice currently in effect.

USES AND DISCLOSURES OF PHI:

CFD may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

- **For treatment.** This includes such things as verbal and written information obtained and used pertaining to your medical condition and treatment provided to you by us and other medical personnel. It also includes information we give to other health care personnel to whom we transfer your care and treatment, via radio, telephone, dispatch center, and written records created in the course of providing you with treatment and transport.
- **For payment.** This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, management of billed claims for services rendered, medical necessity determinations, and collection of outstanding accounts.
- **For health care operations.** This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as for other management functions
- **Fundraising.** We may contact you to provide you with information about our annual subscription program.
- **Reminders for Scheduled Transports and Information on Other Services.** We may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or provide information about other services we provide that may be of interest to you.

USE AND DISCLOSURE OF PHI WITHOUT YOUR AUTHORIZATION.

CFD is permitted to use PHI *without* your written authorization, or opportunity to object in certain situations, including:

- For CFD's use in treating you or in obtaining payment for services provided to you or in other health care operations;
- For the treatment activities of another health care provider;
- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
- To another health care provider for the health care operations activities of the entity as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
- For health care fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative, close personal friend or other individual involved in your care if we obtain your verbal agreement; or after given an opportunity to object to the disclosure none is raised; or in other situations where we are unable to obtain your consent and we believe the disclosure is in your best interest.
- To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law);
- For health oversight activities including audits, government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;

- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, subject to strict oversight and approvals with adequate safeguards;
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization. **You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed PHI in reliance on that authorization.**

PATIENT RIGHTS:

As a patient, you have a number of rights with respect to the protection of your PHI, including:

- **The right to access, copy or inspect your PHI.** This means you may come to our offices and inspect and copy most of the PHI about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any PHI you have the right to access. In limited circumstances, we may deny you access to your PHI, and you may appeal certain types of denials. We have available forms to request access to your PHI, and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your PHI, you should contact the privacy officer listed at the end of this Notice.
- **The right to amend your PHI.** You have the right to ask us to amend written PHI that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your PHI only in certain circumstances, such as when we believe the information you have asked us to amend is correct. If you wish to request that we amend the PHI that we have about you, you should contact the privacy officer listed at the end of this Notice.
- **The right to request an accounting of our use and disclosure of your PHI.** You may request an accounting of certain disclosures of your PHI that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you. We are also not required to give

you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the PHI about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.

- **The right to request that we restrict the uses and disclosures of your PHI.** You have the right to request restrictions on how we use and disclose PHI we have about you. However, if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. CFD is not required to agree to any restrictions you request, but any restrictions agreed to by CFD are binding.
- **Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request.** A copy of this Notice is on our web site, www.ci.corvallis.or.us/fire. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.
- **Revisions to the Notice:** CFD reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site. You can obtain a copy of the latest version of this Notice by contacting the Privacy Officer identified below.
- **Your Legal Rights and Complaints:** You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints, you may direct all inquiries to the privacy officer listed below.

**Corvallis Fire Department Privacy Officer
400 NW Harrison Blvd
Corvallis, OR 97330
541-766-6961 or e-mail: fire@ci.corvallis.or.us**